Military Suicide Risk Assessment
Primary Care Clinic Visit Guidance

Assess Suicide Plan/Previous History

Inquire further. Ask: “Have you had thoughts about death or of killing yourself?” If “yes,” ask:

- “How would you do it?” (Assess plan: Specific? Vague?)
- “Are there means available?” (Weapon/pills)
- “Have you rehearsed or practiced?”
- “How strong is your intent to do this?” (Assess seriousness of intent)
- “Have you been drinking or using other substances lately?”
- “Do you have these suicidal thoughts when using? Only when using?”
- “Where would you do this?” (Assess likelihood of rescue)
- “Have you heard voices telling you to hurt yourself?”
- “Have you ever attempted suicide before? Anyone in your family?”
- “How often do you think of killing yourself?”
- “How long do these thoughts last once they start?”
- “Are you making plans for your death?” (Wills, saying good-bye, giving things away)

Assess Protective Factors

- “Is there anyone or anything to stop you?”
- “Are there other possible solutions that you’ve considered?”
- “What do you look forward to, despite your current situation?”
- “What are your beliefs about suicide?” (Cultural/religious)

Note: Suicide risk increases with a specific plan, positive means, strong intent, low likelihood of rescue, command hallucinations, positive history of previous attempts along with substance abuse and low protective factors.

Military Suicide Risk Assessment
Primary Care Clinic Visit Evaluation and Referral

Patient Meets High Suicide Risk Criteria

1. Reassure patient that you want to get him/her help
2. Stay with patient; Don’t leave him/her alone until help arrives
3. Arrange for prompt behavioral health consultation in ER/Clinic or transfer patient to a protected hospital setting for further evaluation and appropriate level of care

Patient Does Not Meet High Suicide Risk Criteria

1. Refer to Behavioral Health for treatment
2. Identify someone close to patient to inform and involve (with patient consent) and include command representatives as appropriate
3. Discuss limiting access to means of suicide and develop a plan with patient and significant others, if possible
4. Increase contact and make a contract with the patient/significant others (with consent) to assist patient through the crisis

Military Suicide Risk Assessment
Risk Factors Reminder

SAD PERSONS—Suicide Risk Factors

S **S**ex: Males are more likely to kill themselves than females by more than 3 to 1

A **A**ge: In military, 20–24 years old highest risk

D **D**epression: A depressive episode precedes suicide 70% of time

P **P**revious attempts: Most completed suicides are first or second attempt

E **E**thanol: Substance abuse increases risk of suicide completion

R **R**ational thinking loss: Profound cognitive slowing, distorted perceptions, psychotic depression, pre-existing brain damage

S **S**ocial support deficit: Relationship or job loss, legal difficulties, or illness causing social withdrawal

O **O**rganized plan: Always inquire about a suicide plan

N **N**o spouse: May be result or cause of depression

S **S**ickness: Intercurrent medical illness

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Socio-Demographic Risk Factors

- Young adult: ages 20–24
- Male
- Enlisted ranks
- Race:
  - "Other"—highest risk
  - Caucasian—second highest
- Marital Status:
  - Separated/divorced —highest risk
  - Single—second highest

Stressors

- Duty/occupation—problems, Article 15
- Marriage/other relationships—troubled or ending
- Recent loss or catastrophic event
- Legal issues
- Financial issues
- Serious change in physical health or injury
- Re-entry after deployment or new assignment
- Pending separation/retirement
- Multiple stressors in more than one area

Screen For

- Depression
- Associated anxiety and anger
- Alcohol/substance abuse

* The information in this card is not meant to be complete, but to be a quick guide. Please consult other references and expert opinion.

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
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